SI-	1PLACE OF DEATH	02312	STATE OF MARYLAND
T X	County wreester	(95-P)	CERTIFICATE OF DEATH
Y, Fied.			Registration Dist. No. 31-2
Cate.	Village or City Ocean City (No	tinghan	St.: Ward) (If death occurred a hospit I or instittion, give Its NAME i stend of street ar
od B	PERSONAL AND STATISTICAL PARTICULARS	1	
state prope	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	CAL CERTIFICATE OF DEATH
y be	Timale roleite (Wite the word)	Leb	(Cienth) 25 (Day) 153 (Year)
E should at it me	6 DATE OF BIRTH  April 2 1856  (Conth) (Day) (Year	that I last saw h	Scaling on Jel 25, 12/
o th	7 AGE [fLESS than	and that death occu	red on the date stated above, at 11-201
ms so that I	75 yrs. 10 mos. 23 da or min.?	The CAUSCOF DEA	TH * was as followed.
tor tor	8 OCCUPATION (a) Trade, profession or //	x	/ Edema
lly sain	(a) Trade, profession or House Wyle (b) General nature of industry		11.50
careful il in pla portant	usiness, or establishment in which employed or (employer)	d	ranie Keerf Escore
- AT	9 BIRTHPLACE (State or country) Manual and	Contributory Secondary	Duration 10 via mos
culd	FATHER Janus E. Davis,	(Signal) Vice	as James M.
10 m	M 11 BIRTHPLACE	26 92	Address Causing Peath, or, in deaths from
AUS	Z (State or Country) Linknown	Violent Caus s, s Accidental, Suicidal	As ase Causing Peath, or, in teaths committee (') Means of Injury (2) whether ir Homicidal.
PAT PAT	of MOTHER Junia Baker	18 L-NGTH OF R	SIDENCE (For 1 ospitals, Institutions, Transidents)
0 20	13 EIRTHPLACE	At place of death yis	In theds. Stateyrsmos
100 t	(State or country) (MALLOW)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of des	trected,
shot ent o	(Informant) H. Mary Brofifue	Former or usual residence	
iry it	(Address) Ocedan City Mik	19 PLACE OF BURIA	Evergreen Com: Mar. 1, 13/
CIA	15 Filed 2/26 1921 I & Muft	2 UNDERTAKER	AGDRESS .
00	Registred.	m Varfis	a Walson Selbyvill
2	If more b.anks are needed, address State Registrat	r, 16 W. Saratoga St.,	Latto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, er," etc., Spinner, additional line is provided for the latter statement : nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of octo report specifically the occupations of persons endefinite salary), may be entered as Housewifc, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer. the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile Stationary firenum, etc. But in many Laborer-Coul mine, etc. Womfactory. The Locomotive engineer. (6) The quesmaterial Greery,

EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same discuss. Examples: Carebrosphial fever (the only definite synonym is "indemnic cerebrosphial meningitis"); Diphtheria avoid use of "roup."

Typhoid fever (never report "Typhoid Pneumonia".

2

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on tetanus) may be stated under the head of "contributory or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A' taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinomo, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid imerican Medical Association.) as fracture of skull, and consequences (e carbolic acid—probably suncide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Recommendations on statement of cause of death Chronic interstitial nephritis, Breatoon unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough, Chronic The nature of the injury, affection need not be etc. volvular heart Nomenclature The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions whishered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Warcistes	02343 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 362
	Village or City Bisling (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. Jungle OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
(1)	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
	Month) (Day) (Year)	that I last saw has alive on Jp. 12, 1923
	7 AGE    If LESS than   day hrs.   ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
-	B OCCUPATION (a) Trade, profession or particular kind of work	Chr. Int Nephrolis
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mosds.
.	9 BIRTHPLACE (State or country)  Mary land	Contributory Secondary  (Duratign) yy 0
	1D NAME OF FATHER GUV. W. Britting have	(Signed) (Signed) M. D. 1-9-1931 (Address) Bert W.
	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Cathesine Danis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
	(Informant) Pull / Surling Mills (Address) Burling Mills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Para 19 911 19 81
	15 Filed Fish 9 191 IV Muniford Delate Registrar	20 UNDERTAKER ADDRESS Berlin Ind
[]	16 more honder are needed address State Registrate	16 W. Saratova St., Balter, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As a Spinner, (b) Cotton mill; (a) Salesman. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ,, etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicumia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondar/ Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Parmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enlaborer, Foreman, engineer, Stationary fireman, etc. to know For many occupations a single word or term on or yrs). Farm laborer, (b) Cotton mill; (a) Solesman. At Home, and children, without more precise specification as Day Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal minc, etc. Womnot gainfully em-But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease; etc. Nomenclature The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

WRITE PLAINLY, WITH UNFADING INK--THIS IS A

MARGIN RESERVED

xact	PLACE OF DEATH	02345 STATE OF MARYLAND
ed.	County Warcister	CERTIFICATE OF DEATH Registration Dist. No. 35-2
erly classifi rtificate.	Village or City Ocean City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16-23 , 1923. (Month) (Day) (Year)
t it m	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 192 192 192 192 192
ns so tha	7 AGE  75 yrs. 9 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
plain ter	(a) Trade, profession or particular kind of work  (b) General nature of industry	Chr. Int nephricis
EATH in plumportan	business, or establishment in which employed or (employer) Returned  9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)  yrs
OF DE s very i	10 NAME OF Thomas. W. Manis	(Signed) Char P. Jan M. D. 2-26-1921 (Address) Berlin
CAUSE TION I	OF FATHER  (State or country)  Manual  (State or country)  Manual  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
state	of MOTHER Martha Hudson  13 BIRTHPLACE OF MOTHER (State or Country)  Marshand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosde
should ent of 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
ateme	(Informant) lyrus N. Marie (Address) Birlin Jud	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL WARRING Demeters Heb. 2 5, 1903/
St	15 Filed 2/25 193/ IB Munfred Registrar	20 UNDERTAKER Surfage Billy Mg
	If more bianks are needed, address State Registra	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foremon, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation mill; (a) Salesman. (b) Grocery,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., whon a definite disease (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptonicausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Mcasles;

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2

1931

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give Its NAME in-stead of street and properly classof certificate **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED. may be WIDOWED OR DIVORCED (Write the word) (Month) ... (Day) houi HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH at ction (Day) (Year) (Month) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min. B OCCUPATION (a) Trade, profession or S particular kind of work pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) I impo Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Be. DD 10 NAME OF (Signed) houl FATHER 0 11 BIRTHPLACE क्ष ध OF FATHER FZ CAUS the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) informati 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER 4 state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death Clans should statement of OC (State or Country) Where was disease contracted, if not at place of dea.h?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) ADDRESS If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken how ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Dise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train— State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the this essential and must be obtained before the certificate is permanently filed.

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	of information should be carefully supplied. ACE should be stated EXACTLY, PH	OCCUPATION is very important. See instructions on back of certificate
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	to P	0

PLACE OF DEATH	02347 STATE OF MARYLAND
County Norcester	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS	Registration Dist. No. 388
Village or CityPocomoke City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Lucinda Ginn	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWED, JOHN OR DIVORCED (Write the word)	February 27th, 1931. 192 February (Month) 27th(Day) 1931(Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from February 23 19231 to February 26th 1923
7 AGE  About 75 yrs. mos. ds. or min	2. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country)  Maryland	Contributory General debility.  Secondary Several months.  (Durstion) yre mee de
10 NAME OF FATHER Elisha Brown	(Signed) M. D.
OF FATHER  (State or country) Maryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER No. 1 1	Accidental, Suicidel or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Alice Jones  (Address) Pocomoke City, Md.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL Hall'S Hill Cemetary Pocomoke City, Md.  Pocomoke City, Md.  Date of Burial March 1st, 19 31
Filed 2 /2 8 192-3 / E S Hangi Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., william laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Calelanus) may be stated under the head of "contributory." Papproved by Committee on Nomenclature American Medical Association.) stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EVOLY

V. S. No. 1

See instructions on back of certificate.

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#### PLACE OF DEATH

County Worcester

WITHIN CORPORATE LIMITS OF

Village or CityPocomoke City

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	occurred i
tion, give i	ts NAME in
	a hospital

number.)

#### 2FULL NAMEHenrietta Francis Hayman

PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Female	White	B SINGLE, MARRIED, WIDOWED. OR DIVORCED WIDOW (Write the word)	February 16th. 1931. February (Month) 16 (Day) 1931 (Year)
6 DATE OF BI	July (Month)	26th. 1846	17 I HEREBY CERTIFY, That I attanded the daccased from Z - 195/. to Z - 195/. that I last saw h wallve on Z - 16, 195
7 AGE	84 yrs. 6	If LESS than I day hrs.	A 770 A
(b) General business, or	Norofeasion or Hound of work Houndary establishment in syed or (employer)	ısew <b>ife</b>	(Durstion) yrs. mos.
9 BIRTHPLAC (State or c	ountry)	ryland	Contributory Secondary (Duration) mos
tu -	John S.  PLACE HER  or country)  Man	Tull yland	(Signed) (Address) (Addres
OF MOT 13 BIRTHI OF MOT (State of	PLACE HER or Country) Man	vland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informan	t) J.Herbert hress) Pocomoke		former or usual residence.  19 PLACE OF BURIAL OR REMOVAL M. H. Cemetary PocomokeCity, Varyland.  Feb. 18th 19 3
Filed 5	/18 19X31/C	5 Starpis	20 UNDERTAKER POPPESSKE Cit

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) Grocery:
man, (b) Automobile factory. The materia For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN	TH UNFADING	should be ear
	WRITE PLAN, WITH UNFADING	M. Every item of information should be care
V. S. No. 1	G	N.BEve

Set	PLACE OF DEATH	(12349) STATE OF MARYLAND
H X	County Worcester.	CERTIFICATE OF DEATH
r, p		Registration Dist. No. 332
CTL assifi e.	Village or City Berling (No.	St.: Ward) (If death occurred in a hospital or institu-
ated EXAC	2FULL NAME Doris a. Den	tion, give its NAME instead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st ly be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  The Roy (Year) (Year)
Eshoul at it ma ns on b	6 DATE OF BIRTH  May 13, 1929	17 HEREBY CERTIFY, That I attended the deceased from 192 to 25, 192 , that I last saw herealive on Folk 18 , 198 1.
lied. ACE ms so than nstruction	7 AGE  (Month) (Day) (Year)  7 AGE  If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
refully suplin plain telertant. See	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cerebral Described (Duration) yrs. mos. 16 ds.
be caref EATH in	9 BIRTHPLACE (State or country)  Paunsylvaure	Contributory Secondary  (Dyration)ds,
OF D s very	10 NAME OF FATHER Willie Bowen	(Signed) M. D. M. D. 26 1934 (Address) Berlin M. D.
AUSE ION	OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whither Accidental, Suicidal or Homicidal.
forma tate C	of MOTHER Margaret Deury 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
of In	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
shor ent o	(Informant) Lordon Henry	Former or usual residence
Every it CIANS stateme	(Address) Berlin, and	It Paulo, Berlie Md Feb. 27, 1931
BB	Filed 779427 1931 IV Mounfied Registrar	J. W. Burbage Beslie on
2	If more branks are needed, Addrass State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED JERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furner Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup ed ten for the same disease. Examples: Cerebro pina EASE CAUSING DEATH (the primary affection with respec Typhoid fever (never report "Typhoid Pneumonia"; to time and causation), using always the same accent Statement of Cause of Death-Name, first, the Div the only definite synonym is "Epidemic celebromeumonia, Bronchopmeumonia ("Pneumonia,

> at this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is a sential and must be obtained before the certificate is permanently filed. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Phisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can he ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: A ceidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart affection need not be etc. The contributory discase;

V. S. No. 1

SI- act
y item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-NS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ement of OCCUPATION is very important. See instructions on back of certificate.
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EX/ Iy cl
y item of information should be carefully supplied. ACE should be stated EXACT NS should state CAUSE OF DEATH in plain terms so that it may be properly class ement of OCCUPATION is very important. See instructions on back of certificate.
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	1PLACE OF DEATH	(12350) STATE OF MARYLAND
	County Warcester	CERTIFICATE OF DEATH
	7.	Registration Dist. No. 302
Vi	2FULL NAME Dassey 13. Ifo	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	2FULL NAME OF PLACY NO. 197	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 16 , 193/
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	May 3, 1896	192 . to 7 , 192
7 /	(Month) (Day) (Year)  AGE  (Month) (Day) (Year)  If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
M	DOCCUPATION a) Trade, profession or particular kind of work	Carto Dudyestin
H E	b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs. raos /hourd
9 (	(State or country)	Contributory Secondary Question yrs most described to the contributory of the contribu
	10 NAME OF FATHER Swing B. Holston	(Signed) Warnels Free M. D. M.
ENTS	OF FATHER (State or country)  12 MAIDEN NAME DAA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Elly / Dritting hay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, Stateyrsmos,ds  Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Issing 18,7 tudstan	Former or usual residence
15	(Address) Passach Mag	MUNICIPAL DEMELLY FIFE 13, 19 8.
-	Filed Registrar  Lapta Registrar  If more branks are needed, address State Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.
	at allow profite and library and the party and the profite to	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farner we wired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEASTL. gaged in domestic service for wages, as Servant, Coul. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on of various pursuits can be known. The ques-Farm laborer, Laborer-(b) Colton mill; (a) Salesman. without more precise specification as Day -Coal mine, etc. Wom-(b) persons en-Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebropour (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,";

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. American Medical Association. as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. Then ture of the injury, necident; Revolver wound of head-homieide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia." "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar / or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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(Informant)

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(Addresa)

1		
PLACE	OF	DEATH

County Worcester



#### STATE OF MARYLAND CERTIFICATE OF DEATH

				1211	Registration	Diat. No. 354
Vil	llage or City Stor			ones	St: Ward)	(If death occurred is a hospital or institu- tion, give its NAME in steed of street an- number.)
	PERSONAL AND	STATIST	ICAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
	ale Whi	r or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	arried	16 DATE OF DEATH February 24 February (Month) 24	
6 1	DATE OF BIRTH	ecember	(Day)	, 1 <u>850</u>	17 I HEREBY CERTIFY, That I att	L 24 , 193/
8,0	CCUPATION	T.	mosds.		The CAUSE OF DEATH & was as followed	
P	particular kind of worl b) General nature of in pusiness, or establishmowhich employed or (em	c <u>Oyst</u> ndustry ent in			(Duration)	yısmosds
9 1	(State or country)	Marvl	a.nd		Contributory Secondary  (Durstion)	yrs mos de
	10 NAME OF FATHER 11 BIRTHPLACE		Jones		(Signed)	м. D
ENTS	OF FATHER (State or country)	Mar	yland		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or in deaths from
PAR	OF MOTHER	Ms	lessour		18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents)	tals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	Mar	vland		At place of death	eyrsmosds
	THE ABOVE IS TRUE	O THE BEST	OF MY KNOW! E	DOE	if not at place of death?	

Stockton, Naryland

Fred Jones

O UNDERTAKER

usual residence

thodist Cemetary

DATE OF BURIAL Feb. 27th . 1931

Partible City laryland.

If more blanks are needed, address Stata Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed.

Capproved by Committee on Nomenclature American Medical Association.) . (Recommendations on statement of cause of death stated unless important. Example: Measles (disease telapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart discase; etc. The contributory not be etc., of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02352
1. PLACE OF DEATH	<u> </u>
County O vicesler	Registration Dist. No. 3 4
Village or City Prolletie	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrsmosds.
Below B. M. 12:00	
2. FULL NAME Son 9 Dog ralem	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (2011) the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 2. 1, 31,	Hast saw h. Talive on mat al 19; death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated ebove, at /2  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked et this occupation (month end spent in this	Date of onset
12. BIRTHPLACE (city or town) Graduties M. C.  (State or country)	Other Contributory Causes of importance:
13. NAME L. M. Kellmon	
13. NAME J. Prelling  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Two Dete of Was Was there an autopsy 100
15. MAIDEN NAME Ethel Drekerson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mother by toby (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate, 19	Nature of injury
19. UNDERTAKER Joseph R. Kellereau. (Address) Findletree, md.	24. Wes disease or injury in eny way related to occupation of deceased?  If so, specify
20. FILED 292, 1931 LELoy Secreth! Registrar.	(Signed) F. D. (Address) Jumphill mg. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.-

	1PLACE OF DEATH	02353 STATE OF MARYLAND
	County Worcesler	CERTIFICATE OF DEATH
		Registration Dist. No. 355
,	Village or City Perlue . (No.	St.: Ward) (If death occurred in a hospital or institu-
ificate	2FULL NAME Frank E. Konet	tion, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH  Jeb 25, 1931  (Month) (Day) (Year)
d no snoi	Sept. 5, 1872 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Ach 23 1931 to 2 1931, that I last saw han alive on Ach 2 1931,
instructi	7 AGE  5 8 yrs. 5 mos. 20 ds.   If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
See	(a) Trade, profession or Estat Broker, particular kind of work (b) General nature of industry	Tenhan
E S	business, or establishment in which employed or (employer)	Dyration) yrs. mos. ds.
Impor	9 BIRTHPLACE (State or country) Ohio	Contributory Secondary (Durstion) yes mos D ds.
s very	FATHER Augustus Konetzka	(Signed) Q A Hollard. M.D. D. 1981 (Address) Dorly Ma
NO	OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	of MOTHER Martha Zilch	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO	13 BIRTHPLACE OF MOTHER (State or Country)  Sermany.	At place of death
0 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW FORE	if not at place of death?
ement	(Informant) Mrs Jenning duellen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
stat	(Address) Dr. Mohals, Ma.  15 Filed D 27 1931 Helen F. Hayuron Registyar	20 UNDERTAKER ADDRESS Berlin Ma
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from tired 6 yrs). should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farme to report household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material For persons who have no occupation (4) Grocery;

Statement of Cause of Death—Name, first, the Drase Causing Death (the primary affection with respect to time and causation), using always the same accepted the fever of the same disease. Examples: ("orehrowing fever (the only definite synonym is "Epidemic cerebrational meningitis"); Diphtheria avoid use of "Croup". Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopwannonia ("Pneumonia,"

Capproved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticuemia," "PUERPERAL perilonitis." etc. "Inanition," "Weakness," etc., when a definite disease "Ilraemia," "Weakness," etc., when a definite disease inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Recommendations on statement of cause of beingus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Cougenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar) or intercurrent) affection need not Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy:" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Example: Measles (disease valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH	STATE OF MARYLAND
County Worcesler	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS	Registration Dist. No. 3.56
Village or City Joerman Roll	St.: Ward) (If denth occurred in a hospital or Institution, give its NAME in stead of street and
2FULL NAME Charmela	au g number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
A. MARRIED, WIDOWED, WIDOWED,	tsh. 20, 1981
Thereole Colored (Write the word)	(Month) 70 (Day) 193/(Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
terlenous	192 to 75/ 19 , 197 1.
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
6-6- I dayhrs.	The COUSE OF DEATH * wes as follows:
yrs. mos. ds. or min.?	I diteit was dead our
(a) Trade, profession or	my arrival - Ele was
particular kind of work	Regardences orned a usual
(b) General nature of industry business, or establishment in	lack.
which employed or (employer)	(Duration) vrs mos de.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF A	(Duration) yrs mos de.
FATHER COSIV. TOOKING	(Signed) M. D.
11 BIRTHPLACE 1	192 (Address) John Market Control of the Control of
(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER May Reollius	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Po di Sara	Former or usual residence.
(Informate Cauca de 17)	O PLACE OF BURIAL POR REMOVAL DATE OF BURIAL
(Address ettautecteety Mil.	Stefanie M. B. Cler Hel. 22, 193
15 Filed 2/ 23 1926 ( A De org)	20 UNDERTAKER PL
Registrar	Memory deverage ocomolor
If more banks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Mico

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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14

m

	1PLACE OF DEATH
	County Word ster
Vil	llage or City Newwyk (No.
	2FULL NAME Hattie M. La
	PERSONAL AND STATISTICAL PARTICULARS
3 S	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOW OR DIVORCED (Write the word)
6 1	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	If LESS than I day hrs. or min.?
V.	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	(State or country) Maril
	10 NAME OF John R. Pearson.
RENTS	OF FATHER (State or country)
PARE	12 MAIDEN NAME famice Garnet
	13 BIRTHPLACE OF MOTHER (State or Country)  Marie
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mrs. Will adking
	(Address) Newark The
15	Filed 2/12 1931 IV Mumpord

02355

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35-2

(If death occurred in

ugmaid	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH 2-	10 , 1923 (
	(Day)(Year)
17 I HEREBY CERTIFY, That I atte	
that I last saw ho alive on	2/9, 1931.
and that death occurred on the date stated	above, at John.
The CAUSE OF DEATH * was as follows:	
0-	<i>k</i> 1
Carcinia str	
(Duration)	yrsmosds.
Contributory	
(Duration)	yrsds,
(Signed) Marrel Lei	
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
At place In the of deathyrsmosds. State	yrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bowen Cemetery Newarkold	A. 12, 1931
20 UNDERTAKER	ADDRESS
L. W. Burbasa	Derlin ma.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Furnici Geor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servaul, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborerwithout more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the who have no occupation single word or term on -Coul minc, etc. Wom-(b) persons en-Grocery,

Statement of Cause of Death—Name, first, the UISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the angle of the same disease. Examples: Cerebrospical fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Recommendations on statement of cause of (secondar/ "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease valvular heart disease, etc. The contributory affection need

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the lahorer, Farm laborer, Laborerer," etc., without more precise specification us Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ad litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter whatever, write None. tied 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foremun. (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material (re

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect statement of Cause of Death-Name, first, the pig-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "contributory." (R commendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by eurbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PURRPERAL septionemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATIES STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Carcinomu. Surcoma, etc., of Always qualify all "Соша," Measles; (merely (second-(dlsease "Con-

the c GIODS If this certificate is looked over thoroughly and all ques-ions answered in detail, it will prevent further correspond All the data is essential and must be obtained before

certificate is permanently filed

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Warcester "	CERTIFICATE OF DEATH
12 0.	Registration Dist. No. 3 52
Village or City Burling (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME ) + arry Marsh	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH . Feb. 4, 198/
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h un alive on 75 3 , 198/
7 AGE If LESS than I day hrs	
S yrs. mos. ds. or min.	
8 DCCUPATION (a) Trade, profession or particular kind of work	Conclud Homenhage
(b) General nature of industry business, or establishment in which employed or (employer). Latury	(Duration) yrs. mos > ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Meg. Marshall	(Signed) Constitution (Duration) yrs mos ds
10 11 BIRTHPLACE	Fel 5 1931 (Address) Berlin ma
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Evard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Harvey Agrand	Former or usual residence
(Address) Beslin Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 5 1981 QV. Meen ford	20 UNDERTAKER ADDRESS.
If more blanks are needed, address State Registra	or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING LEATH gaged in domestic service for wages, as Servant ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been clumed who have no occupation -Coul mine, etc. Locomolive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted to the property of the same disease. Examples: Cerebrophinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Paeumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

\*\* leiquus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (sccondary), stated unless important. Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); canbolic acid-probably suicide. Then ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondar: or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid Example: Measles (disease Always qualify all "Haemorrhage, Measles ;

If this certificate is looked over thoroughly and all questions can be read in detail, it will prevent further correspondence. All the condition is executial and must be obtained before the certificate is permanently filed.

N.B

Village or City Villatural (No. St.: Word)  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE SINGLE  Male Golor Of RACE SINGLE  (Store or Country)  (South)  (South)	PLACE OF DEATH	12358 STATE OF MARYLAND
Village or City Welltudged (No. St.: Ward) a hospital or institution, give its MAME is required in method of the street and a hospital or institution, give its MAME is required in method of the street and reaches.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX	County orcester	CERTIFICATE OF DEATH
Village or City Melleture (No. St.: Ward a hapited or institution, give its NAME institution, give its	**************************************	(59)
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  SINGLE  MARIE  OBJECT  OR DIVERCED  OR DIVERCED  (Nonth)  (Day)  (Year)  (Nonth)  (Day)  (Year)  (Nonth)  (Day)  (Year)  (Nonth)  (Day)  (Year)  (Nonth)  (Nonth)	01.11	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED  MARRIED  MEDICAL CERTIFICATE OF DEATH  15 DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  17 J HERREY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at 1 mm.  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  MILLION  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  Add the death occurred on the date stated above, at 1 mm.  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (B) COULDATION  (A) ITAGE, profession or particular kind of work of the state stated above, at 1 mm.  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Day)  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  The CAUSE OF DEATH   MEDICAL CERTIFICATE OF DEATH  (Month)  (A) J Trade, profession or particular kind of work as as follows:  Contributory  Secondary  Se	Village or City Velbrune (No.	St.: Ward) (If death occurred in
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  Male  Date of Death  Markete or Divorces  (Write the word)  (Wonth)  (Day)  (Write the word)  (Wonth)  (Day)  (Wear)  17	0 1 1	tion, give its NAME It -
Male Odored Single Manner Manner Of Death Feb. (Month) (Day) (Year)  8 DATE OF BIRTH  WILLIAM (Month) (Day) (Year)  17 HEREBY CRITIFY, That I attended the deceased from 1923 to 1923	2FULL NAME Samuel S. M.	
Male bolosed wisowers Surgle (Month) (Day) (Year)  8 DATE OF BIRTH  MILLION (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  17 Let I set sade the deceased from that I leat saw how alive on Isl. (Month) (Day), (Year)  18 Let I leat saw how alive on Isl. (Month) (Day), (Year)  19 Coccupation (In I lead to the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and that death occurred on the date stated above, at I legs I, and I legs I, a	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Odored OR DIVORCES (Write the word)  8 DATE OF BIRTH  WILLIAM (Month) (Day) (Year)  (Add that Eathed the deceased from that I last saw home alive on Fill (Information) (Informatio	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
6 DATE OF BIRTH  Month) (Day) (Year)  (Month) (Day) (Year)  (Althat Latended the deceased from  The CAUSE OF DEATH a stated above, at 1 mm.  The CAUSE OF DEATH a was as follows:  (Signed) (Durstion) (Durstion)  (Signed) (Durstion) (Durstion)  (Signed) (Du	WIDOWED. Chingle	Test., 1921
Month (Day) (Year)  (Month) (Day) (Year)  that I last saw has alive on III and that I	Male (Write the word)	(Month) (Day) (Year)
that I last saw h malive on II. I last saw h malive on III. I last saw h malive on III	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
TAGE	Mukenowy 1	Tev. 13, 1923/. to Fef. 13, 1923/,
The CAUSE OF DEATH ** was as follows:    Contributory   Contributo	(Month) (Day) (Year)	that I last saw handlive on fet 13, 1923 1,
The CAUSE OF DEATH ** was as follows:    Contributory   Contributo	7 AGE UffLESS than	and that death occurred on the date stated above, at 9. F. m.
BOCCUPATION (a) Trade, profession or Jicherman (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  TO NAME OF FATHER (State or country)  TO MADIEN NAME  OF FATHER (State or country)  TO MADIEN NAME  (State or country)  TO MATHER (Signed)  TO MATHER (Signe	I day bre	
(Signed) Justion Justine Manuel (State or country) Manuel		
particular kind of work Observations (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) Ouguna (Durstion) yrs	B OCCUPATION .	Distretes and gaman
(Signed) Justing Destination (Signed) Justing	(a) I rade, profession or tisherman	A La III
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State of Country)  13 BIRTHPLACE OF MOTHER (State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Filed Poll (8 1931 Haugh Marchall  (Address)  16 THE PLACE OF BURIAL  (Address)  17 Durstion)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Means of Injury and (2) Whether  Accidental, Suicidal or Homicidal.  (In the State or Recent Residents)  At place of death  (Signed)  (Signed)  (Means of Injury and (2) Whether  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (In the I'is ase Causing Deeth, or, in deaths from  Accidental, Suicidal or Homicidal.  (	(b) General nature of industry	The form of the first war and the second of
Duration    Duration   State or country   Secondary	business, or establishment in	(Duration)yrs
Secondary  Secondary  Secondary  Duration  Pell Juration  Duration  Pell Juration  Duration  Duration  Duration  Duration  Duration  Duration  Dur	which employed or (employer)	Contributory
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address		
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  PLACE OF MOTHER (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Add	Virginia	(Duration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Police  17 May 18 May		(Signed) John A. Richelson M. D.
11 BIRTHPLACE (State or country) Williams Marshall 12 MAIDEN NAME OF MOTHER (State or Country) Wignia  13 BIRTHPLACE OF MOTHER (State or Country) Wignia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wignia Marshall (Address)	aproperto de la	Feb 16. 1931 (Address) Stockton Md
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) Masshall  13 BIRTHPLACE OF MOTHER (State or Country) Masshall  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Masshall  (Address) Mas		+Ca-to the Lieune Causing Doeth on in doethe from
OF MOTHER OF MAISHALL  13 BIRTHPLACE OF MOTHER (State or Country) Luginia  (State or Country) Luginia  (Informant) Layer Marshall (Address) State Marshall (Address) Hockton Ma  (Address) Hough Marshall (Address) Hough Marshall  (Address) Hough Marshall (Address) Hough Marshall  (Address) Hough Marshall	Z (State or country) MMe WOW	Violent Causes, state (1) Means of Injury and (2) Whether
ients or Recent Residents)  At place of death yra mos da.  In the State or Country)  (State or Country)  (Informant)  (Informant)  (Address)  (	E 12 MAIDEN NAME	
OF MOTHER (State or Country) Liquid  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Layer Marchaell (Address) State Marchaell (Address) Aborektow Ma  (Address) How Marchaell  (Addre		
(Informant) Lange Marchall  (Address) Stockton Md  (Address) Hours Marchall  (Address) Hours Mar		
(Informant) Jarrels Marshall  (Address) Stockton Md  (Address) Hough Marshall  (Address) Hough M		
(Informant) James Marchael usual residence  19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL  (Address) Stockston Md  15 Filed Polific 18 1931 Harry May Property Stockston  Registra:  10 UNDERTAKER FROM DATE OF BURIAL  20 UNDERTAKER FROM DATE OF BURIAL  20 UNDERTAKER FROM DATE OF BURIAL  20 UNDERTAKER FROM DELLER  20 UND	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Stockton Md  19 PLACE OF BURIAL OR REMOVAL  OLD STRONG CEM PROPERTY OF SURIAL  19 PLACE OF BURIAL OR REMOVAL  OLD STRONG CEM PROPERTY OF SURIAL  20 UNDERTAKER FRANCES  ADDRESS  LUCKLEZ  ADDRESS	0 211211	
(Address) Stockton Md Old Stockton Mel 18, 1981  15 Filed Pol 18 1931 Hauf Brisler Purvell & Benned Stockton, Registra:	(Informant) Januar Muneman	
Filed Mel 8 193/ Hary & Registras Furnell Henrich Stockler	(Astron Stocketon Md.	ald straig cen 12 1/21
Filed Mel 8 193/ Hary & Registras Furnell Henrich Stockler	(Address) XIIII WAY Supplied	Stockley md 1 20 1, 190
( Registral	15 50 5 Del 18 1003/ How Barely	20 UNDERTAKER HERNICK ADDRESS
If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Registra	sucret,
	If more b.anks are needed, address State Keglstra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servont, Cook definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or, industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stolionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Foreman, For many occupations a single word or term on yrs). (b) Automobile factory. The material For persons who have no occupation Architect, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disback Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

permanently filed.

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMIGIDAL, taken. For violent deaths state means of injury diseases (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

V. S. No. 1

	PLACE OF DEATH	U2359 STATE OF MARYLAND
	County Wareslu	CERTIFICATE OF DEATH
	WITHIN CORPORATE LIMITS OF	Registration Dist. No. 350
Tieate	Village or City / Ormones Ch	St.: Ward) (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	7 Emale A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 786 1931 (Month) (Day) (Year)
u D	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the dacassed from
suoi	(Month) (Day) (Year)	that I last saw halive on, 192,
nstruct	7 AGE    If LESS than   I day hrs.   or min.?	The state of the s
N. 366	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	to State cause of death
Importa	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Duretion) yrs mos ds.
very	10 NAME OF Marcus Coulbann	(Signed) Adjackup M. D.
	IN BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER fola mason	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee.h?
	(Informant) Type magail  (Address) Locomorphe al. red	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  7 - 11/6 3 2
010	15 Filed 2-/3 1923/ & 1 Harps Registres	20 UND Stavenson ADDRESS
	If more bienks are needed, address State Registrar	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

V. S. No. 1

CORD	Item of Information should be carefully supplied. ACE should be stated EXACTLY s should state. CAUSE OF DEATH in plain terms so that it may be properly classific ment of OCCUPATION is very important. See instructions on back of certificate
ENT	e state e prop
NEWS	uld binay binay back
PER	sho st it n
IS A	ACE to tha
LHIS	rms s
NK1	y sup ain te
NG II	in plant.
ADI	be ca EATH Impo
UN	ould I
VITH	USE C
LY, V	matlo B. CAL
Į	State
PI	o do
VRITE	s sho
	VRITE PLACY, WITH UNFADING INK-THIS IS A PERMANENT CORD

1PLACE OF DEATH	02360 STATE OF MARYLAND
County Trorchester	CERTIFICATE OF DEATH
County	93-2 Registration Dist. No. 357
Village or City Saver Hiff (No	St.: Ward)  (If death occurred I a hospital or Institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 198 (Month) (Day) (Year)
G DATE OF BIRTH  Grand 1 8 6 9  (Month) (Day) (Year)	thet I lest saw h/M alive on 192 192 192 192 192 192 192 192 192 192
7 AGE    If LESS than   I day hra.   or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Denley Unknown
9 BIRTHPLACE (State or country)	Contributory Musclewsco Secondary My Cardino Uning Purstion yrs  mos.  mos.
11 BIRTHPLACE Marcellino Muller	(Signed) (Address) (Address) (Address)
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (Md	B LENGTH- OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of deethyrsmosds.  Where was disease contracted.
(Informant) Monito during Mutter	if not et place of deeth?  Former or usual residence
(Address) Mantieske Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  ADDRESS
Filed 192 Registrar  If more branks are needed, addresa State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (Te state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-Farm laborer, many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-6) Grocery,

Statement of Cause of Death—Name, first, the DEE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the fever (the same disease. Examples: Cerebrosymult fever (the only definite synonym is "Epidemic cerebrosymult spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions can wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1 <sub>PLACE</sub>	OF	DE	ATH
147			

County Worcester

WITHIN CORPORATE LIMITS OF

Village or City Pocomoke City (No.

02351

### STATE OF MARYLAND CERTIFICATE OF DEATH

82-a

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2FULL NAME Caroline Richardson

PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
sex Female	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)	February (Month) 2	24th, 1931, 4 (Day) 931 (Year)
6 DATE OF BIF	March	25th., 1864	17 A HEREBY CERTIFY, That I at	tended the deceased from
7 AGE	(Month)	(Day) (Year)  If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:	
(b) General n	rofession or House and of work House nature of industry establishment in red or (employer)		Contributory Cushal	mos de.
State or co	James Brit ACE JER r country) Mary		Secondary (Duration)  (Signed) (Address) **State the Disease Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	M. D.
OF MOTE 13 BIRTHP OF MOTE (State or	LACE A	DENOUVE OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tale, Institutions, Trans-
	Marion Dry Marion  Marion  Marion  Marion			DATE OF BURIAL Feb. 26th 19 31 Pocomoke City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Colton mill; (a) Salesmon, (b) Grocery, Foreman, (b) Automobile foctory. The materia For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pixel fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; .,.... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenchiture of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railwoy trainperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronicvalvulor heart diseose; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD. Every item of infor-	PHYSICIANS should state	ct statement of OCCUPA-	
INK-THIS IS A PERMANENT REC	E should be stated EXACTLY. I	it it may be properly classified. Exac	on back of certificate.
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

15	()	9	1:	
0	-	0	3	4

1. PLACE OF DEATH	(9)
County County Continued in the Continued	Registration Dist. No. 350.
Village or City A reproduction	No
Length of residence In city town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?
2. FULL NAME Vor allry 8	vortson
(a) Residence: No. Does were (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTII (month, day, and year) Sulat 9 19 80	I last saw h a five on o Phuseu, 19. ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Whoping loangh
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Sum cald
D 1D. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Coutributory Causes of Importance:
13. NAME Touthy papertson	
13. NAME Profits Patronson  14. BIRTHPLACE (city or town). Question (Children Country)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Sheadon Oarshy (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Strange Sect Date 2-17, 19.3/	Manner of injury
19. UNDERTAKER Umm PStromm	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED 2/16 1931/ES Harpis	(Signed) E S Starf LD
O Registrar.	(Address) Darmac Chy

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 9.-The industry or business in which the work was done.

11,—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallstones	8261,1 yold	Gostroenteritis		1 year
Other contributory causes of importance:		Other contributory ca	:sonstroqmi lo essui	-
			RECEIVED	
Cerebral hemorrhage	7201,8 yilu l	Peritonitis	MAR 3 1931	obs shup &
Chronic interstilial nephrilis	1861	Run over by street ear		Obd good &
Arteriosclerosis	9161	Allack of epilepsy	BUREAU V.S.	obo yoon I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a		feeno to efec
Example I			Example II	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 75 (If death occurred in a hospital or institu-tion, give its NAME it St.: Ward) stend of street and number.) **2FULL NAME** properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. OR DIVORCEO (Write the word) may (Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH atit instruction (Month) (Day) \$ IfLESS than 7 AGE and that death occurred on the date stated above, at ... 0 The CAUSE OF DEATH terms ds. | or \_\_\_\_\_min.? ERVE OCCUPATION (a) Trade, profession or particular kind of work Q (b) General nature of industry C business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) very 10 NAME OF OF 192 / (Address) sh E G 11 BIRTHPLACE S OF FATHER \*State the I is ase Causing Death, deaths from CAUSI ENT or, In Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 4 d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... Where was disesse contracted, if not at place of dea.h?. of S shoul Every item CIANS sho statement Former or usual residence. If more b.anks are needed, address ttate Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or Al Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The materia especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, For persons who have no occupation Stationary fireman, etc. But in many Archilect, Locomotive engineer, (b) The ques-

Statement of Cause of Death—Name, first, the Dis-EARS (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B.

PLACE OF DEATH

(Address)

15 Filed 02354

### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

County	Budanda Dia N
Village or City of Pacomode Colig 2FULL NAME Steel born Just	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH 2 - 26, 1923/ (Month), (Day), (Year)
6 DATE OF BIRTH 2 -2-4 , 1831	17 HEREBY CERTIFY. The I attended the deceased from 192 to y man, 192,
(Month) (Day) (Year)  7 AGE    If LESS than   day   hrs.   day   hrs.   or   min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  B BIRTHPLACE (State or country)  10 NAME OF FATHER And Adea affaired  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER ADVINIA MANUAL STATES (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos de.  Contributory Secondary  (Duration) yrs mos ds.  (Signed) yrs mos ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Informant)	TO BLACE OF BURDAL OR REMOVAL DATE OF BURDAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia,"

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	PLACE	OF DEAT	Н		
	County.WO]	rcester	) 	to the effect of the state of t	
Vil	lage or City	POCOMO			
-	PERSON	NAL AND	STATIST	ICAL PAR	TICULARS
	Male	Whit		5 SINGLE, MARRIED WIDOWE OR DIVOI (Write the	RCED Marri
6 1	DATE OF BIR	тн			
		Fel	bruary (Month)	7 15 (Da)	
7 4	GE	59 yrs.	11	25	If LESS the l day he de. or mir
b	b) General ne usiness, or es which employed BIRTHPLACE (State or cou	stablishment ed or (emplo	in	••••••	
_	10 NAME O		Mary	land	
	FATHER		ı I.Te	arr	
Il BIRTHPLACE OF FATHER (State or country) Maryland Il MAIDEN NAME OF MOTHER Mary A. Brittingham					
				ham	
	13 BIRTHPL OF MOTH (State or	ACE	Maryl		
14	THE ABOVE I	S TRUE TO	THE BEST	OF MY KN	OWLEDGE
	(Informant)	Ear	l Tar	r	**************
		The same of the sa			ryland.

193 Ha

02355

(112

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 354

DATE OF BURIAL

Feb. 11th 1931

Pocomoke City

Maryland

R	F.D. # 3 St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
ie	February 9th. 1931
~ 0	February (Month)9th (Day)1931 (Year)
	17 HEREBY CERTIFY, That I attended the deceased from
ריו	1931. to hw qu, 1921
71 er)	that I last saw h sailve on A Ma Sula, 198
than	
nin.?	The CAUSE OF DEATH * was as follows:
nin.r	
*******	
	1.5
	(Duretion) yrs mos 2 de
	Contributory
	(Duration) yrs mos de
	(Signed), M, D
	2/ 9 4.192 (Address) 1 1 0 1 0 1 1 1 1 1
P	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)
	At place In the of death yrs mos ds. State yrs mos ds
	of deathyrsds, Stateyrsds Where was disease contracted,
	if not at place of death?
	Former or

If more bianks are wooded, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

ususl residence

20 UNDERTAKER

Goodwill M.E. Cemetary

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Automobile factory. The material But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital—lever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aesident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) letanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parametrized field.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIN WRITE PL

V. S. No. 1

The state of the s	PLACE OF DEATH  County Marcelas  Village or City Poromula City.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3  St.: Ward) (If death occurred In a hospital or institution, give its NAME is a hospital or institution, give its NAME is a hospital or institution.
	2FULL NAME This	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male ACOLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 13 , 198 (Month) 2 (Day) 13 (Yea) 31
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	$\frac{\sum - /3}{\text{(Month)}}, \frac{193}{\text{(Year)}}$	
	7 AGE   If LESS than   I day on hrs.   ds. or min.?	and that death occurred on the date atated above, at
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Junes Calced to dee
	business, or establishment in which employed or (employer)	Contributory Secondary
	10 NAME OF William Thornland	(Signed) (Address) (Addres
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
	(Address) foromoste Cit - ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2-44 1987
	Filed 2/13 1923 / E Soften Por Registrar	John Slocombo Premil No
	If more bianks are needed, addre.a State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. (b) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. . Ward) roper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. / OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions (Day) 7 AGE If LESS than and that death occurred on the date stated above, The CAUSE OF DEATH \* was as follows: term 8 OCCUPATION See (a) Trade, profession or particular kind of work carefuily H in pial (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) be EA should I 10 NAME OF FATHER 11 BIRTHPLACE PARENTS CAUSE OF FATHER Disease Causing Death, or, in deaths (State or country) Violent Causes, state (1) Mcans Accidental, Suicidal or Homicidal. of Injury 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER (State or Country) should Where was disesse contracted, if not at place of dea.h? CIANS sho Former or usual residence 15

RESERVED

MARGIN

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME irstead of street and

number.)

(Dav)

and

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without more present abover, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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HYSI- Exact		1PLACE OF DEATH				
	County Workesley					
stated EXACTLY, P properly classified. of certificate.	Village or City Snow Hill, Wd (No.					
ated EXAC	2FULL NAME Baly waters					
stated properly of certi	-	PERSONAL AND STATISTICAL PARTICULARS				
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of Information should be carefully supplied. ACE id state CAUSE CF DEATH in plain terms so that OCCUPATION is very important. See instructions		(Month) (Day) (Year)	that 1 la			
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	000	occupation a) Trade, profession or articular kind of work				
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		10 NAME OF FATHER Randolph Waters	(Signed)			
	RENTS	OF FATHER (State or country)  12 MAIDEN NAME	Violen:			
	PA	OF MOTHER  13 BIRTHPLACE OF MOTHER	ients of At place of death			
	14	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wa			
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AN		(Address) Suow Hill imd.	19 PLACI			
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### STATE OF MARYLAND CERTIFICATE OF DEATH

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egistration	Dist	No	3	51	

occurred in (If death occurred in a hospital or institue tion, give Its NAME In stead of street and number.) Ward)

MEDICAL	CERTIFIC	ATE OF	DEATH	£
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17 1 HEREBY CF		)(I		
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hat I last saw ha				2
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still says?	wid (Duration)	evif	00 e,	ds,
- D. He	Durstion	Bho	Ro	2357
	Address) See Causing (1) Means Homicidal.	Death, or,	in death	from Whether
B LENGTH OF RESID  ients or Recent Reside  At place f death	ents) ds,	In the	lnstitutlo	

BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS 20 UNDER

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

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	119389
PLACE OF DEATH	STATE OF MARYLAND
County Wrocesler (7)	CERTIFICATE OF DEATH
	Registration Dist. No. 25 3
Ol) as mad	Registration Dist. No.
Village or City Swells (No. 110)	Sta: Ward) (If death occurred in a hospital or institu-
	tion give Its NAME it
2FULL NAME Margie 6. Will	leases steed of street and number.)
PERSONAL AND STATIST CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED.	Stat 184, 193
Timale Col (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
aus. 4 1930	193/ to fram 30 , 193/
(Month) (Day) (Year)	that I last saw her alive on 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at
A / I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	anaemia
B OCCUPATION (a) Trade, profession or	
particular kind of work	**************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs. 6 mos 10 ds.
	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Duration) yrs mosds,
FATHER SQUARE (11) PROPERTY	(Signed) Oalling, M. D.
11 BIRTHPLACE	Het 14 1921 (Address) Distratick ma
H OF FATHER	
Ш	*State the lisease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Color Man. Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER ADD .	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or country) ////////	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) James Williams	Former or usual residence
(Informant) for the second	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Showello OMA.	Beeling and Evergreen tel 14. 39.
0 4 /	20 UNDERTAKEN ADDRESS
Filed + (4 1923) } 7 7 9 7 9 1923	no Parks - destaines 1. Plan-ille
Registra	in Jamawaran surgous
If more banks are needed, addres ttate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Strikment of Cause of Death—Name, first, the bise EA Continue and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Corebrophial fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

American Medical Association. Recommendations on statement of cause of "Debility" ("Congenital," "Sexile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomencluture telanus) may be stated under the head of "eontributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Canecr" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritanaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Macasles (diséase etc. The contributory Always qualify all " Shock, Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH ciassified Village or City certificate. proper PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH instructions (Month) (Day) (Year) 7 AGE If LESS than I day hrs. MARGIN RESERVED or min.? 99 (a) Trade, profession or particular kind of work (b) General nature of industry briness, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 00 10 NAME OF (Signed). FATHER L 0 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAME OF MOTHER state SCUP/ ients or Recent Residents) 13 BIRTHPLACE At plece OF MOTHER of death yrs mos ds. (State or Country Q Where was disease contracted, should if not at plece of death?.... Former or Every item CIANS sh statement usuel residence (Informant) 20 UNDERTAK If more branks are needed, address State Registrar, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME insteed of street and number.)

MEDICAL CERTIFICATE OF DEATH \_ (Month) HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, at .. (Durstion) (Durstion) ....1923 /. (Address) .... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens-

ADDRESS

In the

State\_\_\_\_\_de,

DATE OF BURIA

(Approved by U. S. Census and American Public Health Association.)

er," etc., www. laborer, 1 whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemund, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. Laborer-Coal mine, etc. Wom-Architect, The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic , valvular etc. The contributory heart disease;

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